

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049610

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JAN 16 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ClaytonLength of stay in 1b
DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN St. Louis 10Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒

St. Louis County Hospital

6236 Oakland Ave.

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

JAMES

EARL

AUCKLEY

Dec.

22

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/23/08

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
(Unemployed) Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Peters, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lee Auckley

13b. MOTHER'S MAIDEN NAME

May Mahon

14. NAME OF HUSBAND OR WIFE

Ruth Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

World War II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Viola Auckley 6236 Oakland

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound of chest

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Self inflicted gunshot wound of chest

20c. TIME OF INJURY
Hour
8:00
a.m.
p.m.

Month, Day, Year

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

motel

20f. CITY, TOWN, OR LOCATION

Frontenac

COUNTY

St. Louis

STATE

Missouri

20e. WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Raymond L. Harris

Coroner Clayton, Missouri

12/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/22/62

23c. NAME OF CEMETERY OR CREMATORY

All Saints Cemetery

23d. LOCATION (City, town, or county)

St. Peters

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Geo. Stiefvater, St. Peters, Mo.

25. DATE RECD. BY LOCAL REG.

12-26-62

26. REGISTRAR'S SIGNATURE

J. H. Murphy

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1963

JAN 23 1963

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.